

HISTORY FACILITY PROFILE

MT OGDEN NURSING & REHAB
375 EAST 5350 SOUTH
OGDEN UT 84405
STATE'S REGION CODE: 001

PROVIDER #: 465069 FACILITY BEDS
PHONE NUMBER: (801) 479-5700 TOTAL: 108
PARTICIPATION DATE: 03/01/1978 CERTIFIED: 108 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 12/20/2001		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 108	
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TOTAL:	89	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	14	SUSPENSION RESCINDED:	--	----	----
MEDICAID:	55		26		82
OTHER:	20				

CURRENT SURVEY REVISIT DATES - 03/14/2002

PRIOR 3 SURVEY 10/1998	S/S CODE	PRIOR 2 SURVEY 01/2000	S/S CODE	PRIOR 1 SURVEY 10/2000	S/S CODE	CURRENT SURVEY 12/20/2001	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	G						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E						REQ F0241-DIGNITY
		X	E			X C	E	02/20/2002	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
		X	E						REQ F0254-CLEAN LINENS IN GOOD CONDITION
						X C	E	02/20/2002	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	G	02/20/2002	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E						REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	G						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	D						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
				X	E				REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	D			X C	D	02/20/2002	REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
						X C	D	02/20/2002	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
		X	E						REQ F0353-SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS
		X	E						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E						REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
		X	E			X C	E	02/20/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	E				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	C	X	E						REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
		X	E						REQ F0520-FACILITY MAINTAINS QA COMMITTEE

EDITION OF LSC APPLIED

85 EXIST SURVEY 07/1998	85 EXIST SURVEY 10/1999	85 EXIST SURVEY 10/2000	85 EXIST CURRENT SURVEY 12/26/2001	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			X C	02/18/2002	K0018-CORRIDOR DOORS
	X	X	X N		K0025-SMOKE PARTITION CONSTRUCTION
X					K0038-EXIT ACCESS
	X				K0046-EMERGENCY LIGHTING
X					K0050-FIRE DRILLS
	X	X			K0051-FIRE ALARM SYSTEM
X					K0061-MAIN SPRINKLER CONTROL
	X				K0062-SPRINKLER SYSTEM MAINTENANCE
X	X	X			K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	6	2	14	2
HEALTH TOTAL	6	2	14	2
LIFE SAFETY CODE	2	3	5	4
LIFE SAFETY CODE + HEALTH	8	5	19	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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05/25/2000	UNSUBSTANTIATED
10/26/2000	SUBSTANTIATED
05/10/2001	SUBSTANTIATED
06/13/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT